

KINGSTON ENVIRONMENTAL S E R V I C E S

15450 Hangar Road Kansas City, MO 64147 (816) 524-8811 (800) 249-8811 FAX (816) 525-5027 www.kingstonenv.com

Interim ASBESTOS REMOVAL CLOSEOUT DOCUMENTS

Prepared for:

Kessinger Hunter Mr. Dan Jensen 2600 Grand Boulevard Kansas City, Missouri 64108

Project:

Asbestos Abatement Former YMCA 18th and Paseo Kansas City, Missouri KES #05B301

October 21, 2005

П								ð.
	8	5						<i>t</i> .
				9				
		93						
						ia i		
			1			1		
							2	
			@					
-								



15450 Hangar Road Kansas City, MO 64147 (816) 524-8811 (800) 249-8811 FAX (816) 525-5027 www.kingstonenv.com

KINGSTON ENVIRONMENTAL

October 21, 2005

Mr. Dan Jensen Kessinger Hunter 2600 Grand Boulevard Kansas City, Missouri 64108

RE: Asbestos Abatement Former YMCA 18th and Paseo Kansas City, Missouri KES #05B301

Dear Mr. Jensen,

For your records, please find the attached interim closeout documents for the above referenced project. The final closeout document will be submitted upon completion of the work. Specifically attached are the following items:

- Company License
- Notification
- Permit
- Amendments
- Post Notification
- Clearance Results
- Supervisor License
- Waste Manifest

We appreciate the opportunity to provide you with environmental services and contribute to the success of this project. Please feel free to contact me if you have any questions, comments or need any additional information.

Tiffany Fakes

Sincerely

Environmental Support Specialist

Company License



Notifications



HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000 KANSAS CITY, MISSOURI 64108

Office: (816) 513-6314 Fax: (816) 513-6290

ASBESTOS PROJECT NOTIFICATION

(Please type information)

	FFICE		

(This notification must be submitted a minimum of twenty (20) days prior to the start date of the project).

Hill Edit .						
Check all that apply:					FOR AIR OUA	LITY USE ONLY
☐ Emergency Notification. (Submit justific	ation from owner.)			DATE RE	CEIVED	CHECK DATE
KKGreater than or equal to 160 square feet	or 260 linear feet o	f friable asbestos	containing material.	1		
Less than 160 square feet or 260 linear	feet of friable asbes	tos containing ma	atorial	CASH RE	CEIPT DATE	CHECK NUMBER
NOTE: a non-refundable review fee of \$175	must be submitted	for any ashestos	shatament			
project involving to or more square feet or	16 or more linear fe	et of friable asho	etoe	CASH RE	CEIPT NUMBER	POST DUÉ DATE
containing material, and for planned renova	tion projects as defi	ned in IIS EDA	Population		Ü .	
40 CFR 61 Suppart M. Missouri Departme	nt of Natural Reso	urces Registrati	ion and Certification			
must be current. Wake checks payable t	D: CITY TREASUR	ER				
PART A AUTHORIZATION 1. ASBESTOS ABATÉMENT CONTRACTOR NAME				1 7		
to the second se				MAIL ADDRESS	1	
Kingston Environmental	services, I		·	ikem@ki:	ngstonenv	.com
1 T 1 T 2 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3		STATE	ZIFCODE		TELEPHONE NUMBE	R
3. MISSOURI REGISTRATION NUMBER	s City	MO	64147	. 6	(816) 5	24-8811
06-06-0230					REGISTRATION EXP	RATION DATE
00 00 0250					6/30/06	
3a. I CERTIFY THAT AN INDIVIDUAL TRA	INFO IN THE PROV	VISIONS OF EET	TOM DECUMENTAL	Ш		
The state of the s	PROOF THAT TH	IS PERSON HAS	PERAL REGULATION	(40 CFR PAI	RT 61 SUBPAR	RT m) WILL BE
INSPECTION BY THE DEPARTMENT.		IIO I LINOON HAN	OUNTELED INE	REQUIRED I	RAINING WILL	BE AVAILABLE FOR
3b. THE ASBESTOS CONTROL MEASUR	ES PRACTICES ON	THIS PROJECT	T MATELL COMPLICATE	HOUADTED	O CECTION O	
STANDARDS FOR WORKER PROTEC	TION ESTABLISHE	ED BY OSHA IN	29 CER 1926 1101 AN	ID 1010 100	B SECTION 8-	AND THE
						<i>'</i>
BY MY SIGNATURE, LATTEST THAT A	LL ASBESTOS AB	ATEMENT PRO	CEDURES SHALL BE	PERFORME	D IN COMPLIA	NOT MOTE ALL
APPLICABLE CITY AND FEDERAL REC	BULATIONS.			L TIM OLUME	B IN COMPLIA	INCE WITH ALL
25 (25)						
3c. I HEREBY CERTIFY THAT, TO THE BE	ST OF MY KNOW	EDGE AND UNI	DERSTANDING, THE	İNFORMATII	ON PROVIDED	LINITHIS
NOTIFICATION IS TRUE AND CORRE	CT, la la			0/11/2///	OITT NO VIDEE	IN THIS
SIGNED A / A A		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
In Suther In Consul					DATE	
PRINTED NAME AND TITLE					8/4/05	
Michael Massey - Directo	r of Abatem	ent and Co	an out I to do o			
PART B ADDITIONAL INFORMATION	or modecum	ent and of	unguirting			
1. IF AN UNSAFE STRUCTURE IS BEING	DEMOLICHED HAIT	OFF OFF OF				
IF AN UNSAFE STRUCTURE IS BEING AND AUTHORITY OF INDIVIDUAL WHO NAME	DEMOFISHED AME D	PER URDER OF	A STATE OR LOCAL	GOVERNME	NT AGENCY,	GIVE NAME, TITLE,
NAME TITLE	ORDERED THE D	LIVIOLITION, IN	HORITY OF INDIVIDUAL	SNED ORDE		
8 10		, and the same of	IOIGIT OF INDIVIDUAL		TELEPHONE NUMBER	E:
2. IF A WAIVER OF ANY PORTION OF CH.	APTER & SECTION	18-0 IS DECLIE	ED INDICATE THE I	Muses see		
SUCH A WAIVER. IDENTIFY ITEM NUME	SER. LISE SUPPLE	MENTAL SHEET	ED, INDICATE THE V	VAIVER DESI	RED AND THE	JUSTIFICATION FOR
WAIVER	JUSTIFICATION	WEITINE OFFICE	TO DESCRIBE PRO	PUSED ALT	ERNATIVE WO	ORK PRACTICE.
3. NAME AND MISSOURI CERTIFICATION NUMBER OF AIR SAMPL	ING PROFESSIONAL PERFO	RMING CLEARANCE AIR	MONITORING FOR THIS PROJECT	et .		
Jay Hurst .			27			
ADDRESS CITY		STATE	ZIPCODE		TELEPHONE NUMBER	
<u> </u>	70					2.1
NAME AND CERTIFICATION NUMBER OF INSPECTOR AND DATE				- 1		
Inspection to be complet	ed prior to	abata	-	8.		
Inspection to be complet . NAME AND MISSOURI CERTIFICATION NUMBER OF MANAGEME	ENT PLANNER	<u>anaremen</u>	<u></u>	22		
S. NAME AND MISSOURI CERTIFICATION NUMBER OF PROJECT D	ESIGNER					

PART C PROJECT DESCRIPTION			
1. COUNTY WHERE PROJECT IS TO BE PERFORMED	2. PROJECT NAME		
Jackson	Former YMCA		
3. NAME AND MISSOURI CERTIFICATION NUMBER OF CONTRACTOR'S ON-SITE SUPERVISOR	4. PROJECT SITE TELEPHONE NUME	IER	
Jay Quick 7011083104M0SR9809 5. PROJECT SITE ADDRESS (PHYSICAL LOCATION)	935-8543		
18th and Paseo Kansas	570:	STATE	ZIPCODE
6. OWNER NAME	OWNER CONTACT PERSON	MO	TELEPHONE NUMBER
Negro League Baseball Museum	Dan Jensen		(816) 9.36-8505
1616 T 10:1 C	CITY	STATE	ZIPCODE
1616 E. 18th Street Kansas	City	MO	65108
DEMOLITION ARENOVATION REPAIR 8. DESCRIBE PROCEDURE USED FOR DETECTION OF REGULATED ASSESTOS CONTAINING MATERIAL INCLUDIO	XX	REMOVAL DISMANTLI	☐ ENCLOSURE NG ☐ ENCAPSULATION
Assumed			
 DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS 	TO BE DISTURBED. (REI	ORT ONLY	DEBRIS IN CUBIC FEET)
Pipe Insulation. Mudded joint fittings	SQUARE FEET	LINEAR FEE	CUBIC FEET
MATERIAL	SQUARE FEET	801	
Tank Insulation	275	CINEARTE	CUBIC FEET
MATERIAL ROTTON TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL	SQUARE FEET	LINEAR FEE	CUBIC FEET
Boiler Insulation	180		
Flue Mud	SQUARE FEET 5	LINEAR FEE	T CUBIC FEET
TOTAL FRIABLE	SQUARE FEET	LINEAR FEE	CUBIC FEET
NOTE If project is NESHAPS size, attach laboratory sample analysis (c)(3) a 5. OSHA Material Safety Data Shoot OMB #4400 see		801	
(c)(3) a 5, OSHA Material Safety Data Sheet, OMB #1218-007 10. QUANTITY OF MATERIAL THAT WILL BE ABOVE 150 F WHEN DISTUSUBMITTED FOR WORK OF THIS NATURE. MATERIAL	JRBED. A WAIVER MUS	T BE REQUE	STED AND WORK PRACTICES
11. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATER	IALS TO BE DISTURBED		
IN I ETVAL	SQUARE FEET	LINEAR FEE	CUBIC FEET
Window Caulking, fire doors		1694	10/each
Roof Flashing	SQUARE FEET	LINEAR FEE	
MATERIAL	1200 SQUARE FEET	LINEAR FEE	
VAT, Mastic	17.574		
NOTE If chemical mastic removers are to be used to remove floor cov to be used.	vering mastics, attach Mate	erial Safety D	ata Sheet for the remover
12a. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED DEMOLITION/RENOVATION, AN	ID METHODS TO BE USED.		
The tank insulation, boiler insulation, and	id: flue mud and	some o	f the pipe
insulation is located in the machanian			
insulation is located in the mechanical ro	oom. The remain	ing mat	erials are spread
throughout the building. The building will	L be renovated	at the	completion of the
abatement activities.	51		
		300	
	7		

.

PART C PROJECT DESCRIP	TION (CONTINUED)				
12b. DESCRIBE WORK PRACTICES AND ENG	INEERING CONTROLS TO BE USED TO PREVE	ENT EMISSION OF ASBESTOS			
The materials lo	ocated in the mech	anical room	will be remov	ved utilizing	gross
removal procedur	res. The remaining	pipe insula	tion will be	removed using	glovebag
	vrap methods. The				
wet manual metho	ods.			N. 9. ¹²	
		74		22	
	3	8 9	-		
					.
	10		.f.		у.
	2 n		-	y 0 0	<u> </u>
	21 U 5				
2c. DESCRIBE THE CONTINGENCY PLANIF U	INEXPECTED RACM IS DISCOVERED			11.22	
All work will sto	p. The owner and R	CCAQ will be	immediately	notified.	
, i				20022504	
	g.				- 6
î.	e 8 9			į,j	
	# n 2	- 4			
		<u> </u>			10 =
		£		* * *	
				7.	
_ <u>Ea</u>		*	200		
3. APPROXIMATE AGE OF STRUCTURE	14. PRESENT USE OF ST	FDI 1000 IDE			J 80 E
91 years	Vacant	RUCTURE	15. FORMER USE OF	STRUCTURE IF KNOWN	
ART D PROJECT SCHEDUL	E		YMCA		
o phase of the project may be	in during the treath, day, and				
n e	in during the twenty-day notifica	audit review period w	ithout explicit waiver fr	om the department.	22
			START DATE	COMPLETE DATE	TIME
. Site Preparation Phase		503 \$0	8/31/05	9/2/05	-0
Asbestos Abatement Phase			8/31/05	9/16/05	
Enclosure Tear-down Phase	20	×	as needed		3:
Daily Work Schedule	(i)		START TIME 7:00	3:30	11:30-12:30
ART E DISPOSAL NAME OF WASTE HAULER IF OTHER THAN A					
BFI	SHESTOS CONTRACTOR				
DRESS		СПҮ		STATE	ZIPCODE
3150 N. 7th St.		Kansas Ci	tv	KS	6115
Forest View Landf	ill cny	STATE	Tiboone	· .	
4800 Kaw Dr.	Kansas City	KS	ZJPCODE 66102	(913) 28	

		A OI AOL IS REEDED)	
ART F SUPPLEMENTAL INFORMATIO		NOTIFICATION DATE	
RT NUMBER	7,0	ITEM NUMBER	
			
	<u> </u>	9	
A1		"	
			
	• %		4.7
40 11 20			
		1 2 2 1 6	
E 101 g 11		J 201	
= 8			239
			*
		1/4	
2.			
	9	4	1
T 2			
			77 0
2)		# F #	
	.0 .0	(a)	E!
9			
	5 X		
35			§ 5
	9		
<u> </u>	9		
	l e	291	
	2		
<i>n</i>			

Permits



Health Department

Environmental Health Services

Air Quality Program

2400 Troost Avenue, Suite 3000 Kansas City, Missouri 64108

(816) 513-6314 Fax: (816) 513-6290

--- ASBESTOS

DEMOLITION or RENOVATION

PERMIT---

Kingston Environmental

Is permitted to remove and dispose of materials containing asbestos from the location and in the amounts which are listed below:

Former YMCA

18th and Paseo 460 sq. ft. 801 ln. ft.

Permit Number: 05/06-ASB-80

Planned Project Completion Date September 16, 2005

The Air Quality Program MUST BE NOTIFIED IN WRITING if the completion date is delayed.

This Operating Permit is subject to the terms and conditions of the AIR QUALITY CONTROL CODE.

Bert Malone, M.P.A.

Environmental Health Services Manager

August 15, 2005

--- ASBESTOS

DEMOLITION or RENOVATION

PERMIT-



August 15, 2005

Health Department

Environmental Health Services

Air Quality Program

2400 Troost Avenue, Suite 3000 Kansas City, Missouri 64108

(816) 513-6314 Fax: (816) 513-6290

Edward T. Cason, Jr. Kingston Environmental 15450 Hanger Road Kansas City, MO 64147

Dear Permitee:

Enclosed is the permit for which you applied. Your notification was used to describe the project as follows:

Former YMCA

18th and Paseo 460 sq. ft. 801 ln. ft.

Your permit number is

---- 05/06-ASB-80 ----

This letter also informs you that upon completion of this asbestos project, the person shall, within 60 days, provide separate written documentation demonstrating completion of the WORK DONE ON THIS PERMIT. The person shall attest in that notice that all employees were trained as required by the regulation and that all asbestos control measures required in the notification were employed. Final air clearances results and an attest statement from the laboratory performing the analysis must be included. If the scope of the project is over 160 square feet or 260 linear feet, these samples must be from a third party. Signed and dated receipt(s) of proper asbestos disposal must be attached.

Your notification showed a completion date of 9/16/2005. You will be in violation if the Post-Notification documentation is not supplied to this office (or postmarked) sixty days later.

Please include the PERMIT NUMBER (shown above) in individual correspondence for each permit to this office to assure proper identification. If you have any questions, you should contact Mr. David Marshall, Mr. Michael Swoyer or Ms. Lori Snyder (before 9 a.m.) at this office.

Sincerely,

David Marshall

David C. Marshall, M.S. Enforcement Supervisor Air Quality Program

Enclosures

Amendments

EITY OF POUNTAINS HEART OF THE MATION

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

FOR OFFICE USE ONLY

2400 TROOST, SUITE 3000 KANSAS CITY, MISSOURI 64108 Office: (816) 513-6314 Fex: (816) 513-6290

KANSAS CITY MISSOURI	ASBESTOS NOTIFICATION This form must comply with Chapte (Please Type information)				
PART A CONTRACTOR INFO	RMATION				
1. ASBESTOS ABATEMENT CONTRACTOR NAI Kingston Environmental S	Services, Inc.				
2. CONTRACTOR STREET ADDRESS	CITY	STATE	ZPOODE	TELEPHONE NUMBER	
15450 Hangar Rd. 3. MSSOURI REGISTRATION NUMBER	Kansas City	MO	64147	8 6/ 524-8811	
3. MISSOURI REGISTRATION NUMBER 06-06-0230	REGISTRATION EXPIRATION 6/30/05	I DATE	0-11-77	CONTACT PERSON	
PART B PROJECT INFORMA				Charles West	
1. PROJECT SITE NAME	HON				
Former YMCA					
2. PROJECT SITE ADDRESS	CITY	STATE	ZIPCODE	TELEPHONE NUMBER	
18th and Paseo 3. PROJECT ID. NUMBER ASSIGNED BY ARE O	Kansas City	MO		\$16-935-8543 .	
05/06-ASB-80	ILIALITY PROGRAM				
	MATION (ATTACH ANOTHER SH	IEET IE NECECOADA			
PROJECTINE	ORMATION AS NOTIFIED	LL TITEMECESSARY)	-7A B.41	MENDED TO	
Project Start Date: 8/31/05	The state of the s	D 1 22		MELIDED 10	
1 Tojoci Start Date. 6/31/03		Project on 1	Hold		
				8	_
			a may be the second		
	and the second s			entrancias arealis recommunicas em	
		9			
er a communication of the comm			The Action terms (state the per-	and the second s	
				# 5	
			8 8 8		
77					
1.					
	25	.,	• 11		
* *				n st siny = activities = = = = =	
PART D SUPPLEMENTAL INF	ORMATION (AS NEEDED)	[6]			
			HARMONIC CONTRACTOR TO THE STATE OF THE STAT	7	11111
Appare commercial and security		Francisco			
			and the second second	O CONTRACTOR OF THE PARTY OF TH	2141111
	a man our more a commence		***************************************		1.000
<i>D</i>					
destruct a consistence of the constant	FI SHO SHALL BEEF AND HILLIAN AND HELD	The second secon	n e e d'hiromanian mania	The second secon	
				*11	
	0				
	1 5				
PART E AUTHENTICATION		laser			
SIGNATURE OF COMMANY REPRESENTATIVE	/	8/30/05			
PRINTED NAME		TITLE			
Michael Massey		Director of	Abatement and C	Consulting	
5300-151 (Rev-B/01)		,5000	Jaconnone and C	onparting.	

CITY OF FOUNTAINS

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000 KANSAS CITY, MISSOURI 64108 Office: (816) 513-6314

Fax: (816) 513-6290

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8-Section 8-9 (3)2. (Please Type information)

 MANAGE TIME	De la constitución de la constit		
FOR O	FFICE US	E ONLY	

MI S S O U R I	(Please Type information)		11/2	
PART A CONTRACTOR INFO	RMATION			
1. ASBESTOS ABATEMENT CONTRACTOR NA	ME .			
Kingston Environmental	Services, Inc.			
Kingston Environmental 2. CONTRACTOR STREET ADDRESS		STATE	ZIPCODE	TELEPHONE NUMBER
15450 Hangar Rd. 3. MISSOLIRI REGISTRATION NUMBER.	Kansas City	MO	64147	816/ 524-8811
06-06-0230	6/30/05	W.F		Charles West
PART B PROJECTINEORMA	TION.			
1. PROJECT SITE NAME FORMER YMCA				
2. PROJECT SITE ADDRESS	CITY	STATE	ZIPCODE	TELEPHONE NUMBER
18th and Paseo	Kansas City	MO		816-935-8543
3. PROJECT I.D. NUMBER ASSIGNED BY AIR C	SUALITY PROGRAM	- 74		
05/06-ASB-80				
PART C AMENDMENT INFOR	MATION (ATTACH ANOTHER SHE	ET IF NECESSARY)		
PROJECTINE	ORMATION AS NOTIFIED	1	AMM	ENDED TO
Project on hold		Decised State 1		
-555		Project start date	: 9/12/05	
-		The second section of the second		
	11 =	40		
		** *** **** **** **** *** *** *** ***		
***************************************	E See Justines and the second	il		
	•			
				V
	11			
	20			
PART D SUPPLEMENTAL INF	ORMATION (AS NEEDED)		18	
1111	THORYAG NEEDED)	The same of the sa	rangini agama	s left, many times from the commence of the contract of the co
more and an area				
The second secon		errorent mit de la company		
	A THEOREM	According to the second second	BORE (#) 100 HOLD (#)	course train a constitution of the constitutio
10 Total State Indicate the State of the Sta		The same of the sa	1000000 2000 W0000	
				
PART E AUTHENTICATION	11			
IGNATURE OF COMPANY REPRESENTATIVE	///	DATE		
he here	h bu h	9/9/05		
PRINTED NAME		TITLE		
Guy Gingrich		Senior Project M	lanager	
5300-151 (Rev 8/04)	<i>"</i>			

SITY OF FOUNTAINS MEANT, OF THE MATEN

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400-TROOST, SUITE:3000 KANSAS CITY, MISSOURI: 64108 Office; (816):513-6314 Fax: (816):513-6290

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8-Section 8-9 (3)2. (Please Type information)

	_			-
FOR	OFFI	CE USE	ONLY	

		information)			
PART A CONTRACTOR INFOR	MATION				
Kingston Environmental S CONTRACTOR STREET ADDRESS	Services,	nc.			
15450 Hangar Rd. 3. MISSOURI REGISTRATION NUMBER	Ka	nsas City	MO STATE	ZRGODE 64147	816/524-8811
06-06-0230	200	REGISTRATION EXPIRATION I	DATE		Charles West
PART B PROJECT INFORMAT 1. PROJECT SITE NAME	ION.				
Former YMCA					
2. PROJECT SITE ADDRESS		CITY	STATE	ZIPCODE	TELEPHONE NUMBER
18th and Paseo 3. PROJECT ID. NUMBERASSIGNED BY AR QU.	K	ansas City	MO		816-935-8543
	ALITY PROGRAM	b =			
05/06-ASB-80	AA TIONI GAS	TAOHA HOTHER OU	11		
PART C AMENDMENT INFORM PROJECT INFO	DEMATION	AS NOTHER SHE	ELITHNECESSARY)		
	AOLI MINISTE	WO: NO HEIED		AMM	ENDED TO
Project Start Date:9/12/05			Project on	Hold	2 5
			1.3		
7.100			1080 1000		
		72			
				5.00	
		***************************************		n con see a company	terms to the second contract to the second co
	H112 #131 P#134-01 4	Printer (management and management and management and management and management and management and management a			
2		3	2		
			7	¥	
			2 20		
Ø			F		
			19	·	
PART D SUPPLEMENTAL INFO	RMATION	(AS NEEDED)		10 mg	
				5	
		***************************************	The second secon		
A CONTRACTOR OF THE PROPERTY O	and German			manue mano militario	
W. C.	mate finne			00 60 mm stanovistani	
					- 18
PART E AUTHENTICATION			22		
SIGNATURE DE SOMPANY REPRESENTATIVE			DATE		
SIGNATURE OF COMPANY REPRESENTATIVE PRINTED NAME	/	I ¹	9/12/05		
Michael Massey			Director of	abatement and C	onsulting

CITY OF FOUNTAINS HEART OF THE NATION

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000 KANSAS CITY, MISSOURI 64108

Office: (816):513-6314 Fax: (816) 513-6290

AS

This (Ple

BESTOS NOTIFICATION AMENDMENT	11	
s form must comply with Chapter 8 Section 8-9 (3)2.		
ease Type information)		
	= = =	

FOR OFFICE USE ONLY

KANSAS CITY MISSOURI	Please Type information)	5.5. 5 5000011 0-5 (0,12.		
PART A CONTRACTOR INFO	RMATION			
I. ASBESTOS ABATEMENT CONTRACTOR NA	ME			
Kingston Environmental	Services, Inc.			
15450 Hangar Rd.	Kansas City	MO MO	ZPC00E 64147	816/ 524-8811
06-06-0230	REGISTRATION EXPIRATION 6/30/05	ON DATE		Charles West
PART B PROJECT INFORMA	TION			
. PROJECT SITE NAME Former YMCA				
PROJECT SITE ADDRESS	CITY	STATE	ZPCODE	TELEPHONE NUMBER
18th and Paseo	Kansas City	MO		816-935-8529
PROJECT I.D. NUMBER ASSIGNED BY AR O	UALITY PROGRAM			
05/06-ASB-80		2		
AKI C AMENDMENT INFOR	MATION (ATTACH ANOTHERS	SHEET IF NECESSARY)		
PROJECT INF	ORMATION AS NOTIFIED		AMM	ENDED TO
Project on Hold		Project Sta	rt Date: 9/29/05 a	afternoon
			3,23,33	
		200		
			10 W 10 A	
The state of the s	II HE AS HOUSE HE HAS KNOWN	MIN (1) 6-21 - 1-11 - 111 - 111 - 111		
	2 2 T	2	100 1000 100 100 100	The same of the sa
¥ ¥			104	
				
				<u> </u>
PART D SUPPLEMENTAL INF	ORMATION (49 NEEDED)			
watermets testin [[4]	OLIVERION (VO MEEDED)	CO2021 1 CO2 1 CO22 1		
	person in the second state of the same state.	<u> </u>	Company of the state of the sta	# 600-54
<u> </u>	54			
=				
2.0 1000/1000	E PONT TO A STATE OF THE PARTY			1920 C 27 11 11 11 11 11 11 11 11 11 11 11 11 11
ART E AUTHENTICATION			E 1	
IGNATURE OF COMPANY REPRESENTATIVE	11 18:1	9/29/05		
	Jrey Stry C	TITLE		
Guy Gingrich	1 1	Senior Pro	ject Manager	20 5 4
300-151 (Rev B/01)	· · · · · · · · · · · · · · · · · · ·			



PART A CONTRACTOR INFORMATION . ASBESTOS ABATEMENT CONTRACTOR NAME

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000 KANSAS CITY, MISSOURI 64108 Office: (816) 513-6314 Fax: (816) 513-6290

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8 Section 8-9 (3)2. (Please Type information)

B	*
64147	816/524-8811
	Charles West
ZIPCODE	TELEPHONE NUMBER 816-935-8529
565	8
AMMI	ENDED TO
	The second secon
this job.	
	185

	*1
	G 1898
ы	
0	
CONTACT PERSON Charles West TELEPHONE NUMBER 816-935-8529 AMMENDED TO Sevilla MO Cert # 7028112404MOSR1057 this job.	
ole thinks	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de au divini ama di ma

FOR OFFICE USE ONLY

Kingston Environmental 2. CONTRACTOR STREET ADDRESS	Services, 1	nc.			10	
15450 Hangar Rd.	Ka	nsas City		MO	ZIPCODE 64147	816/ 524-8811
3 MISSOURI REGISTRATION NUMBER 06-06-0230	B		ON DATE			CONTACT PERSON
PART B PROJECT INFORMAT	TION					Charles West
1977				ű.		
	Var		3.60		ZIPCODE	TELEPHONE NUMBER
3. PROJECT LD. NUMBER ASSIGNED BY AIR OF	IN.AL	isas City	M	<u> </u>		816-935-8529
05/06-ASB-80						
PART C AMENDMENT INFOR	MATION (AT	TACH ANOTHER S	HEET IF NE	CESSARY		
PROJECT INF	ORMATION	AS NOTIFIED	1.3	1149	AMM	ENDED TO
·				Please add		
				As a super	visor on this job.	2
				1911/03/44/11/4	1911/19 10000 10000 10000 1000	
	(01) 10 11 11 11 11 11 11 11 11 11 11 11 11				essential and count	
9	6)		- 1			· · · · · · · · · · · · · · · · · · ·
			-	×		\$ 1848
						2
th-	1.					8 9
PART D SUPPLEMENTAL INFO	ORMATION	(AS NEEDED)			<u> </u>	
	* y = 8			and the same and		The manufacture of the second of the second
1 2 2		utifal Barren - America	in the second	(100 mm and 100 mm	and the second	The state of the s
JASTE AUTHENTICATION Sakspires and the program of						
		www.you		000000	2.572 (*2.50a) 1.00a (* 1.20	and the control of th
				<u></u>		
PARTE AUTHENTICATION	1					
SIGNATURE OF COMPANY REPRESENTATIVE	1			10/7/05		
Michael Massey	(TITLE	f Abatement and C	Consulting
5300-151 (Rev 8/01)						

CITY OF ROUNTAINS SHEART OF THE NATION

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400-TROOST, SUITE:3000-KANSAS.CITY, MISSOURI:64108-Office: (816):513-6314 Fax: (816):513-6290

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8 Section 8-9 (3)2. (Please Type information)

FOR OFF	ICE USE ONLY

1. ASBESTOS ABATEMENT CONTRACTOR NAM. Kingston Environmental S		8 81			
Kingston Environmental S CONTRACTOR STREET ADDRESS	services,	inc.	STATE		7=
15450 Hangar Rd.		insas City	STATE MO	64147	816/524-8811
. MISSOURI REGISTRATION NUMBER 06-06-0230	1	REGISTRATION EXPIRATION DATE			CONTACT PERSON
PART B PROJECT INFORMAT	ION	6010610			Charles West
. PROJECT SITE NAME	IOIA				
Former YMCA					
PROJECT SITE ADDRESS		CITY	STATE	ZIPCODE	TELEPHONE NUMBER
18th and Paseo		Kansas City	MO		816-935-8543
PROJECT ID. NUMBER ASSIGNED BY AIR QU	ALITY PROGRAM				1 320 333 3373
05/06-ASB-80					
PART C AMENDMENT INFORM	MATION (A	TACH ANOTHER SHEE	TIP NECESSARY)		
PROJECT INFO	DRMATION	AS NOTIFIED		AMM	ENDED TO
			Joh is on h	old as of 10/21/05	
			1		
		The state of the state of	4500 - 01 - 00 - 1	30 3 1 S0771 X	
A COUNTY OF THE PARTY OF THE PA	OTTOWN PURCE	nes zaminadalnom Himeano	unit ma management	The second second second	The second control of
The state of the s					
A SHEW - WHITE MAKES HOW		an annual		00 testes (500 to 02 test	0.13 0.000.0
	0 2		V V		
	-			(1)	
				W 2	
			'		
ART D SUPPLEMENTAL INFO	RMATION	(AS NEEDED)	e-10-80000000000000000000000000000000000	19770 12	
and the second second second	concentration.	note the recent manner.		no mese em monto con	
		ū.			1
more to be not a from proposition		ELECTRICAL MEDITORISMOS	e marine e de compare de	to to pass the second	
According to the property of		a las services and a service service		221 TOTAL THE STREET	
					The second secon
ART E AUTHENTICATION					
AITTE AGAITENTICATION			ln i se		
GNATURE OF CONTAIN REPRESENTATIVE	11		DAIE		
GNATURE OF COMPANY REPRESENTATIVE			10/20/05		
GNATURE OF COMPANY REPRESENTATIVE FUNTED NAME Michael Massey	M		TITLE	Abatement and C	

Post Notification



15450 Hangar Road Kansas City, MO 64147 (816) 524-8811 (800) 249-8811 FAX (816) 525-5027 www.kingstonenv.com

October 21, 2005

Due to the status of the job being on hold and incomplete, a post notification has not been filed with Kansas City Air Quality. Once the work is complete the proper paper work will be sent to Kansas City Air Quality to closeout the project.

Sincerely

Tiffany Fakes

Environmental Support Specialist

Clearance Results

056301

AA-AIRTECH Inc. P.O. BOX 7023 LEE'S SUMMIT,MO 64086 816-554-9391Off / 816-554-3920 Fax

Sample Cassette Info - Zefon Sample Lot # Sample Media - PCM 0.8 MCE

Sample I	Date: October 13, 2005	Client N	ame :Ne	gro League	Museum	- SE			Abbreviations DL = Detection
, , , , , , , , , , , , , , , , , , , ,	ocation:18th and Paseo City, MO YMCA Bldg	Client C	ontact : C	Charles We	st			s.	Limit Pr = personnel
	ent Contractor :KES oring Data	Airtech s	surveyor :	James Bol	and _	Project #	: 101305-		A = Area CL = Clearance
Sample# Type	Sample Identification	Pump#	LPM before	start. Tim	e total min	Fiber Cour	1# of Fields	Fibers/cc	EX = Excursion
1BG	Background Sample Prior to Abatement - Basement Level Near Stairwell	HV-11	10.15 10.15	8:55 AM 11:30 AM	155 1573	VOID	N/A	N/A	BG = Background TEM = Transmission Electron
2P	OSHA Sample - Excursion Manuael Castro - Basement Level - Precleaning - Dismantling ACM Pipe	P-3	2.09 2.09	8:55 AM 9:26 AM	31 65	46	100	0.3471	Microscopy BL = Blank
3P	OSHA Sample - Excursion Manuael Castro - Basement Level - Precleaning - Dismantling ACM Pipe	P-3	2.09	9:26 AM 2:25 PM	299 625	4	100	Below D.L.	FB = Field Blank LB = Lab Blank
4A	Area Sample During Abatement During Glovebag Cut and Wrap Dismantling of ACM Pipe Insulation	HV-11	10.15 10.15	11:30 AM 3:20 PM	230 2335	13	100	0.0027	HV = High volume LPM = Liters Per
	BLANK					0	100	N/A	Minute F/CC = Fiber Per
6B	BLANK		Vac			0	100	» N/A	Cubic centimeter

Chain of custody

Sent by: James Boland

Laboratory Recipient: Quantem Laboratories

COMMENTS:

Date Sent: 10-13-05

Date Received: __

AA-AIRTECH Inc.

AA-AIRTECH Inc. P.O. BOX 7023 LEE'S SUMMIT, MO 64086 816-554-9391Off / 816-554-3920 Fax

Sample Cassette Info - Zefon Sample Lot # Sample Media - PCM 0.8 MCE

Sample	Date: October 18, 2005	Client Na	ame :Neg	ıro League	Museum				Abbreviations DL = Detection Limit
	ocation:18th and Paseo City, MO YMCA Bldg	Client Co	ontact : C	harles We	<u>st</u>				Pr = personnel
	ent Contractor :KES	Airtech s	urveyor :	James Bol	and	Project #:	101305-	53	A = Area
Air Monii Sample #	toring Data Sample Identification	Pump#	LPM	Tin	16	Fiber Coun	# of Fields	Fibers/co	_CL = Clearance
Туре	S / Oct plantament		before after	start Stop	total min. Volume		A America		EX = Excursion
1CL	Inside Basement - Gross Removal Containment - After Removal of ACM Boiler Tank and Pipe Insulation	HV-2	10.0 10.0	9:18 AM 11:24 AM	126 1260	13	100	0.0051	BG = Background TEM = Transmission Electron
2CL	Inside Basement - Gross Removal Containment - After Removal of ACM Boiler Tank and Pipe Insulation	HV-4	10.1 10.1	9:18 AM 11:24 AM	126 1272	8	100	0.0031	Microscopy BL = Blank
3CL	Inside Basement - Gross Removal Containment - After Removal of ACM Boiler Tank and Pipe Insulation	HV-3	10.0 10.0	9:18 AM 11:24 AM	126 1260	9	100	0.0035	FB = Field Blank LB = Lab Blank
4CL	Inside Basement - Gross Removal Containment - After Removal of ACM Boiler Tank and Pipe Insulation	HV-6	10.1 10.1	9:18 AM 11:24 AM	126 1272	10	100	0.0039	HV = High volume LPM = Liters Per
5CL	Inside Basement - Gross Removal Containment - After Removal of ACM Boiler Tank and Pipe Insulation	HV-7	10.1 10.1	9:18 AM 11:24 AM	126 1272	10	100	0.0039	Minute F/CC = Fiber Per
6B 7B	Blank Blank					0	100 100	N/A N/A	Cubic centimeter
Chain of c				Laboratory	 Recipient: (Quantem Lal	ooratories	l	1

Chain of custody

Date Received: 101905

COMMENTS: <u>Date Sent: 10-18-05</u>
<u>Visual Inspection Good - OK Good Enapsulation</u>

Supervisor License(s)







Waste Manifest

Ple (Fo	ese print or type: . rm designed for use on elite (12:pitch.typewriter) :	INDUST	RIES, INC.	The Contract of	1251 7				
,	WASTE MANIFEST	ator's US EPA ID No.	Manifest Document No.	2. Page 1 of			- House		
1	3. Generator's Name and Mailing Address PASEO 1629 4. Generator's Phone (GIB) STARGER ICCM	9mcA	101						
	4 Generatoria Phono (1411)	75 <i>E</i> 0			. =				
	4. Generator's Phone (%) 524-441 ICCM (5. Transporter 1 Company Name		A ID Number	A Transn	04.1125				
	7. Transporter 2 Company Name	<u> </u>	<u> </u>	1913.	orter's Phone	015			
	7. Hansporter 2 Company Name	8. US EP	A ID Number	B. Transp	orter's Phone				
	9. Designated Facility Name and Site Address	10. US EP	A ID Number	C. Facility	's Phone				
	, , , , ,			G 2	2.0	~ (
	11. Waste Shipping Name and Description	<u> </u>	· · · · · · · · · · · · · · · · · · ·		287 2. Containers		<u> </u>		
					No Type	13. Total Quantity	V		
	a.								
G	Ashestus, 209, NA7717, D.	C7 711		/	40 _{XD} .				
GENE									
3	C.	-	*				·		
7									
₹ 	d.						+		
	D. Additional Descriptions for Materials Listed Above			E. Handli	ng Codes for W	astes	·		
	15. Special Handling Instructions and Additional Information			-			18.5		
	Dopert Desp								
	CUVER =/501/								
	16. GENERATOR'S CERTIFICATION Leader to the control of the control	selbook shares a 11/2							
2	16. GENERATOR'S CERTIFICATION: I certify the materials des Printed / Typed Name	cribed above on this manifest are r	not subject to federal regulat	ions for report	ng proper dispose		te.		
1	17. Transporter 1 Acknowledgement of Receipt of Materials		70-			100	.2		
3	Printed / Typed Name	Signature	E TITI	_		Month D	ay		
3	18. Transporter 2 Acknowledgement of Receipt of Materials		12/12	C		1011	1		
	Printed / Typed Name	Signature				Month D	lay		
	19. Discrepancy Indication Space								
	N _{II}								
	20. Facility Owner or Operator: Certification of receipt of waste	e materials covered by this ma	anifest except as noted i	n Item 19.					
1	Printed / Typed Name FRED YOUNG ORIGINAL	Signature	7.011			10 1	,		

Plea (For	se print or type: m designed for use on elite (12-pitch typewriter)		ALLIED W	S, INC.	018	7490		16.2° - 8
	NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID	I	Manifest Document No.	2. Page 1 of			
1	3. Generator's Name and Mailing Address Four	TASEO UM	CA					
	4. Generator's Phone (3/6) 574-6811	cmo			04.	1125	_	
	5. Transporter 1 Company Name	6.	US EPA ID N		A. Transport	er's Phone 279-6	×015	
	7. Transporter 2 Company Name	8.	US EPA ID N		B. Transport			
	9. Designated Facility Name and Site Address	10.	US EPA ID N	umber	C. Facility's	-		
	11. Waste Shipping Name and Description			· · · · · · · · ·	1	Z&Z-	13.	14.
	a. A DESTOS IRAMIZZO	7 N TI	· · · · · · · · · · · · · · · · · · ·		No	Туре	Total Quantity	Uni Wt/\
G					1.	40 _y		
E	b.							
R	C							
ב ה	d.							
	*							
9	D. Additional Descriptions for Materials Listed Above	е			E. Handling	Codes for W	astes Listed Abo	ve
	15. Special Handling Instructions and Additional Info	ormation	·					•
	Do Not Drop Coura W/ SU	/r						
1	16. GENERATOR'S CERTIFICATION: I certify the m	naterials described above on th	nis manifest are not subj	ect to federal regula	tions for reporting	proper disposa	l of Haz	9=
RAN	Printed / Typed Name		Signature	0			K"	
s	17. Transporter 1 Acknowledgement of Receipt of M Printed / Typed Name Septim Simulation	/Aaterials	Signature	11	mole		1,1	a la
= H	18. Transporter 2 Acknowledgement of Receipt of M	Materials	- July	-S)M			/	7 0
-	Printed / Typed Name 19. Discrepancy Indication Space		Signature					
FACI	, , , , , , , , , , , , , , , , , , , ,							
L ! T	20. Facility Owner or Operator: Certification of recei	ipt of waste materials cove	ered by this manifest	except as noted	in Item 19.			***
	Printed / Typed Name milke Smith		Signature	ite			Month Agr	D _
2		ORIGINAL-RET	URN TO GE	NERATOR			AWI F	orm # 1

Please print or type
(Form designed for use on eilite (12-pitch typewriter)

NON-HAZARDOUS @184492 2. Page 1 Manifest 1. Generator's US EPA ID No. **WASTE MANIFEST** 3. Generator's Name and Mailing Address Cingston Environmental 15250 Hanger Rd. KcMo 4. Generator's Phone (816) 524-8811 04-1125 5. Transporter 1 Company Name US EPA ID Number A. Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number 9. Designated Facility Name and Site Address 10. US EPA ID Number C. Facility's Phone Forest View 913) 287-27/1 11. Waste Shipping Name and Description 12. Containers 14. Unit Wt/Vol Type Asbestos Class 9, Ra, NA 2212, PG III G E N b. A 0 D. Additional Descriptions for Materials Listed Above E. Handling Codes for Wastes Listed Above 15. Special Handling Instructions and Additional information cover with soil 16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste. Printed / Typed Name Signature R 17. Transporter 1 Acknowledgement of Receipt of Materials Printed / Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed / Typed Name Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19. Printed / Typed Name Mikesmith